

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes in registrations and terminations.

490

Lobbyist's Registration Number**Instructions**

- 1 Print in ink only.
- 2 Complete form and mail to Board of Ethics, 2413 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 346-3777 or (800) 842-6630. No fee is required.
- 3 This form must be submitted within 5 days of any changes in your registration form, to add the lobbyist for the person represented, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representation.

FOR OFFICE USE ONLYPostmark Date: 6-10-085447-LOKV**1072384**1. NAME: Leslie A. Russell J.
Leslie Russell J.
First MI2. BUSINESS PHONE: 504-481-61633. BUSINESS ADDRESS: 1503 U Street New Orleans, LA 70115
Street No. City State ZipMAILING ADDRESS: Ave Street No. City State Zip4. EMPLOYER: AMX Street No. City State Zip5. EMPLOYER'S ADVICE: AMX Street No. City State Zip6. Have you ceased or initiated lobbying activities requiring registration? Yes No X

7. LIST CHILDREN: (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the firm or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: The Lobbying CompanyAddress: 3198 Lorraine St. New Orleans, LA 70115Business purpose: Business Relations, Marketing, (a) Representative:(b) Does anyone pay you? Yes

(c) If so, who? _____

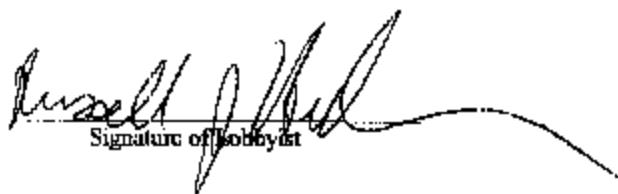
 (d) Is this a new registration? _____

SUPPLEMENTAL REGISTRATION FORMLobbyist's Registration Number

(Acres)

2. Name: Advocacy for Women's Health AIDS ProjectAddress: 320 St. Charles Avenue, New Orleans, LA 70130Business purpose: I.e., Advocate for other persons in my organization Law Representative
Yes, this client pay you? \$142If No, who pay: Advocacy for Women's Health AIDS Project Financial Representative
Yes, this client pay you? _____3. Name: Advocacy for Women's Health AIDS ProjectAddress: 320 St. Charles Avenue, New Orleans, LA 70130Business purpose: I.e., Advocate for other persons in my organization Law Representative
Yes, this client pay you? _____If No, who pay: Advocacy for Women's Health AIDS Project Financial Representative
Yes, this client pay you? _____**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.) has been deliberately omitted.


Signature of Lobbyist